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36218 7590 03/23/2009

KLARQUIST SPARKMAN, LLP
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PORTLAND, OR 97204-2988

FILED VIA EFS

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/502,115 07/21/2004 Deborah Philp 4239-64126-13 7111

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR THE PROMOTION OF HAIR GROWTH UTILIZING ACTIN BINDING PEPTIDES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|
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nonprovisional NO \$1510 \$300 \$0 \$1810 06/23/2009

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
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TELLER, ROY R 1654 514-012000

| | | |
|--|--|---|
| <p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p> | <p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p> | <p>1 <u>Klarquist Sparkman, LLP</u></p> <p>2 _____</p> <p>3 _____</p> |
|--|--|---|

3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **The Government of the United States of America as represented**
by the Secretary of the Department of Health and Human Services

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rockville, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

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☒ Advance Order - # of Copies 4

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jodi Connolly
Typed or printed name Jodi L. Connolly, Ph.D.

Date June 18, 2009
Registration No. 54,044

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